

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7992	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Stephen Mello P.O. Box, Bldg., Room No., if any Street 158 Massasoit Ave. City Portsmouth State Rhode Island ZIP Code + 4 02871	4. Name, file number, and address of labor organization. Name Construction & General Laborers Union 610 Labor Organization File Number 010-328 P.O. Box, Building and Room Number, if any P.O. Box 655 Street 185 Pleasant Street City Fall River State Massachusetts ZIP Code + 4 02722
5. Position in labor organization. Business Manager/Secretary Treas.	

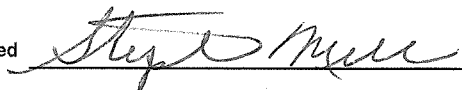
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Massachusetts Laborers Annuity Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 4000 Street 14 New England Executive Park City Burlington State Massachusetts ZIP Code + 4 01803	7.a. Nature of Interest, Transaction, or Income. 6/16/2004 - 6/18/2004 Multi-day Trustee Meetings Room & Meals 7.b. Amount. \$600

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/11/2005

Date

(508) 673-0080

Telephone Number

Name of Person Filing Stephen Mello		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 116 Huntington Avenue</p> <p>City Boston</p> <p>State Massachusetts ZIP Code + 4 02116</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Massachusetts Laborers Annuity Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 4000</p> <p>Street 14 New England Executive Park</p> <p>City Burlington</p> <p>State Massachusetts ZIP Code + 4 01803</p>		<p>11.a. Nature of such dealing.</p> <p>Actuary & Consultant to Massachusetts Laborers Annuity Fund.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>6/16/2004 Round of Golf</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name <input type="text"/>	
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	
State <input type="text"/> ZIP Code + 4 <input type="text"/>	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 80%;" type="text" value="The Segal Company"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/> Street <input style="width: 80%;" type="text" value="116 Huntington Avenue"/> City <input style="width: 80%;" type="text" value="Boston"/> State <input style="width: 20%;" type="text" value="Massachusetts"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="02116"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 80%;" type="text" value="Massachusetts Laborers Annuity Fund"/> Trade Name, if any: <input style="width: 80%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="P.O. Box 4000"/> Street <input style="width: 80%;" type="text" value="14 New England Executive Park"/> City <input style="width: 80%;" type="text" value="Burlington"/> State <input style="width: 20%;" type="text" value="Massachusetts"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="01803"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Actuary & Consultant to Massachusetts Laborers Annuity Fund.</div> 11.b. Approximate dollar value of such dealing. <input style="width: 100%;" type="text"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;">10/5/2004 Business meeting & Round of Golf</div> 12.b. Amount. <input style="width: 80%;" type="text"/> \$54

Name of Person Filing Stephen Mello	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name The Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 116 Huntington Avenue</p> <p>City Boston</p> <p>State Massachusetts ZIP Code + 4 02116</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Massachusetts Laborers Annuity Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 4000</p> <p>Street 14 New England Executive Park</p> <p>City Burlington</p> <p>State Massachusetts ZIP Code + 4 01803</p>	<p>11.a. Nature of such dealing.</p> <p>Actuary & Consultant to Massachusetts Laborers Annuity Fund.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12/16/2005 Business Meeting & Holiday Party</p> <p>12.b. Amount. \$135</p>